



Office of the Registrar

Course Withdrawal Form

STUDENT INFORMATION

First name \_\_\_\_\_ Last name \_\_\_\_\_

Student ID \_\_\_\_\_ NU School \_\_\_\_\_

Major \_\_\_\_\_ Year of study (1-4) \_\_\_\_\_

Track (if any) \_\_\_\_\_ Minor (if any) \_\_\_\_\_

COURSE INFORMATION

Semester:  Fall20\_\_  Spring20\_\_  Summer20\_\_

Course Abbr \_\_\_\_\_ Title \_\_\_\_\_

Reason of withdrawal \_\_\_\_\_  
\_\_\_\_\_

Number of remaining credits: \_\_\_\_\_

Student \_\_\_\_\_  
signature date

Adviser \_\_\_\_\_  
full name and signature date

Instructor \_\_\_\_\_  
full name and signature date

Dep. Chair of the course \_\_\_\_\_  
full name and signature date

\*Please make sure not to leave blank fields. It will prevent from proceeding your form.

\*All forms should be submitted to the School Office of the course.

Office of the Registrar use only

Processed by:

Date: